

## 835 Enrollment Request

**Type of Request:**

- New** (Check if not currently receiving an Electronic Remit. Complete section 1 and 2)
- Change** (Check if the delivery path of the 835 is being changed from a different receiver  
Complete sections 1, 2, and 3)
- Delete** (Check if terminating receipt of the 835. Complete sections 1 and 4.)

<b>1.</b>	<b>Healthcare Professional / Institution Information</b>				
<b>Contact Name</b>		<b>Contact Number</b>			
<b>Contact Email</b>					
<b>Healthcare Prof/Inst Name</b>		<b>Taxid</b>			
<b>Address</b>		<b>Phone</b>			
<b>City</b>		<b>State</b>	CA	<b>Zip</b>	
<b>Type of Request</b> <input type="checkbox"/> Medica <input type="checkbox"/> UBH <input checked="" type="checkbox"/> UnitedHealthcare Commercial					

<b>2.</b>	<b>Receiver Information</b>				
<b>Receiver Name</b>		Office Ally, LLC			
<b>Contact</b>		Eve Du Bry or Gloria Chung			
<b>Telephone</b>		949-464-9129	<b>UHC Submitter ID</b>	B00099994000	

<b>3.</b>	<b>Change Enrollment (Current/Old receiver)</b>				
<b>Receiver Name</b>					
<b>Change Enrollment for:</b> <input type="checkbox"/> Cosmos <input type="checkbox"/> Unet <input type="checkbox"/> Both					
<b>Target date for completion</b> (Date will be 30 days from enrollment date at UHC) :					

<b>4.</b>	<b>Delete Enrollment</b>				
<b>Receiver Name</b>					
<b>Delete Enrollment for</b> (UHC use only): <input type="checkbox"/> Cosmos <input type="checkbox"/> Unet <input type="checkbox"/> Both					